





## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	29/11/2019 13:39
Date Of Accident	28/11/2019 20:55
Exact Location Of Accident	AMK AVE 1 FILTER LANE TO CTE/SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2936D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81669797

### Vehicle Particulars

Manufacturer	HONDA
Model	FREED 1.5G HYBRID A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096971233-01
Cover Note Number	

### Driver

Name of Driver	NG HUNG SIANG KELVIN (HUANG HANXIANG)
NRIC No	S8020101Z
Date Of Birth	13/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	05/10/2004
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96655667
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 487 ADMIRALTY LINK #04-143
Postcode	750487
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT F/20191129/7015

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### Details of Witness 1

Name	AMIRUL
Phone Number	84980127
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ6154Z
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name NG HUNG SIANG KELVIN (HUANG HANXIANG)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLV2936D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name GRAB PASSENGER  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLV2936D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



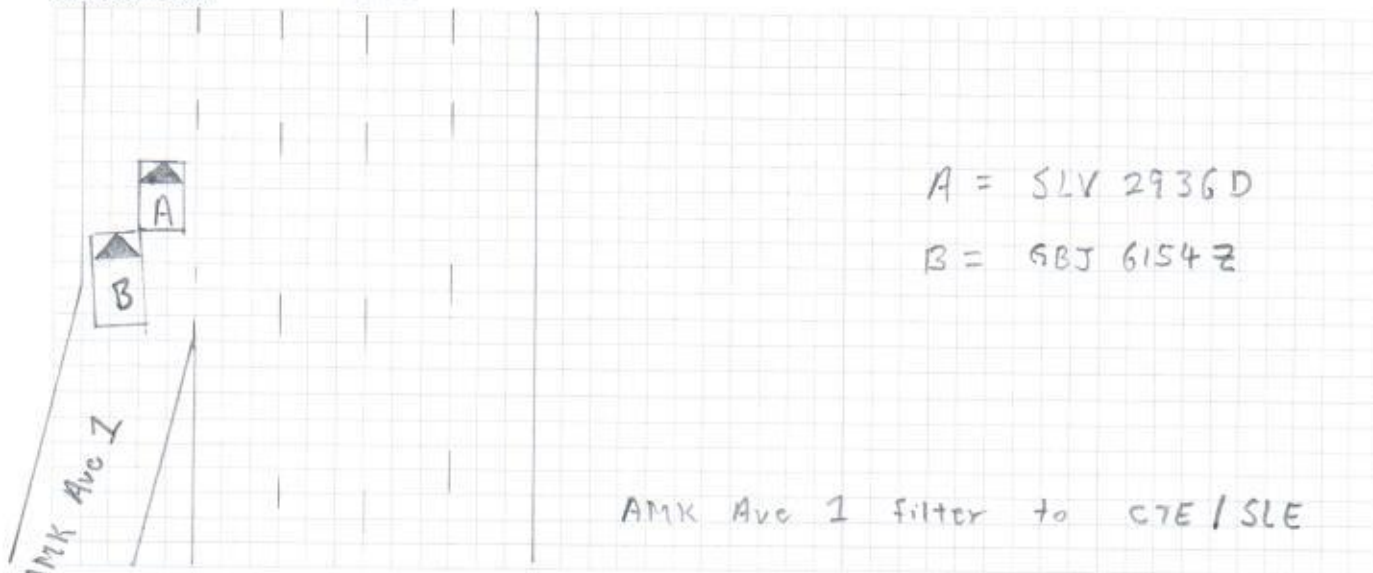
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

CTE



A = SLV 2936D

B = GBJ 6154Z

AMK Ave 1 filter to CTE / SLE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report F/20191129/7015

## DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

*[Signature]*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





POLICE REPORT (NP299)

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Report No. F/20191129/7015

Date/Time Report Made 29/11/2019 12:07	Vide Report No.	Station Diary No.
Name Of Informant NG HUNG SIANG KELVIN	Address APT BLK 487 ADMIRALTY LINK #04-143 SINGAPORE 750487	
ID Type / ID No. NRIC NO / S8020101Z	Contact No. Home/Office:	Mobile: 96655667
Nationality SINGAPORE CITIZEN	Email Address Kelvin801307@gmail.com	
Occupation Chauffeur	Sex Male	Age 39
	Date of Birth 13/07/1980	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 28/11/2019 20:50	Location Of Incident ANG MO KIO AVENUE 1	

### Brief details.

On Thursday, November 28 2019, at approximately 20:55, while I'm sending a passenger home, my vehicle was hit by a lorry from behind while I'm fluttering out to SLE/TPE from Ang Mo Kio Ave 1. The impact was significant that damage my left side of my vehicle from back to front. The whole accident was captured in my car cam as well as there was a witness at the scene which was driving in front of me capture the incident in his car cam too. The accident caused me pain in various areas especially my right side as I hit again the windscreen on my right. The passenger was also advised to see a doctor if she feels uncomfortable as the impact was at the left side as where she was seated. I had provided details of the

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	29/11/2019 12:07
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



F/20191129/7015

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191129/7015

witness below to help in the investigation.

Witness Name: Amirul

Contact Hp: 84980127

Subjects Involved			
Victim			
Person Name	NG HUNG SIANG KELVIN		
ID Type	NRIC NO	ID No	S8020101Z
Gender	Male	Age	39
Race	Chinese	Language	English
Occupation	Chauffeur	Address Type	
Address	APT BLK 487 ADMIRALTY LINK #04-143 SINGAPORE 750487		Mobile No 96655667
Is Informant A Victim?	Yes		
Person Name	NG HUNG SIANG KELVIN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this  
report has been authenticated by  
SingPass. No signature is required.

Date/Time:

29/11/2019 12:07

Classification Of Case:



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

28/11/2019 13:37

Vehicle No.(For Motor)

SLV2936D

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096971233-01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLV2936D	SLV2936D	27/12/2018	26/12/2019

Claim Handling

Accident MT/1073580

Policy No.	5096971233-01	Vehicle No.	SLV2936D	GST Registration No.	
Certificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81669797	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	29/11/2019 14:26	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	28/11/2019	Time of Accident hh:mm	20:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AMK AVE 1 FILTER LANE TO CTE/SLR				
▼ Excess					
Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
▼ Policyholder Mailing Address					
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5106937496		
▼ OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NG HUNG SIANG KELVIN (HUAN	Driver NRIC	S80201012	Driver DOB	13/07/1980
Register Date of Driver License	05/10/2004	Driver Age	39	Driving Experience	15
Contact No.(Mobile)	96655667	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 487 #04-143	Address 2	ADMIRALTY LINK	Address 3	SEBBAWANG GREEN
Address 4	SINGAPORE 750487	Address Type	Singapore address	Post Code	750487
Unit No.	04-143				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	No Yes		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	663511
Email Address		OT Vehicle Number	SLV2936D	TP Vehicle Number	GB3511
Claim Description	SLV2936D / GB3514Z ON 28 Nov 2019			Name of Preferred Workshop	
Preferred Workshop	0	Insured Liability	Not at Fault		
Subsidiary No. Evaluation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	29/11/2019 14:31	Claim Close Date		Date Received	29/11/2019
Report Taken By	LIEW SHAN HUI				
Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1073580	Claim No.	001
Last Doc. Received	Yes No	Upload Date	29/11/2019 14:32
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
▼ Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	29 Nov 2019 14:32	NRIC/ Driving License	Normal



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